

Volume XXXIV

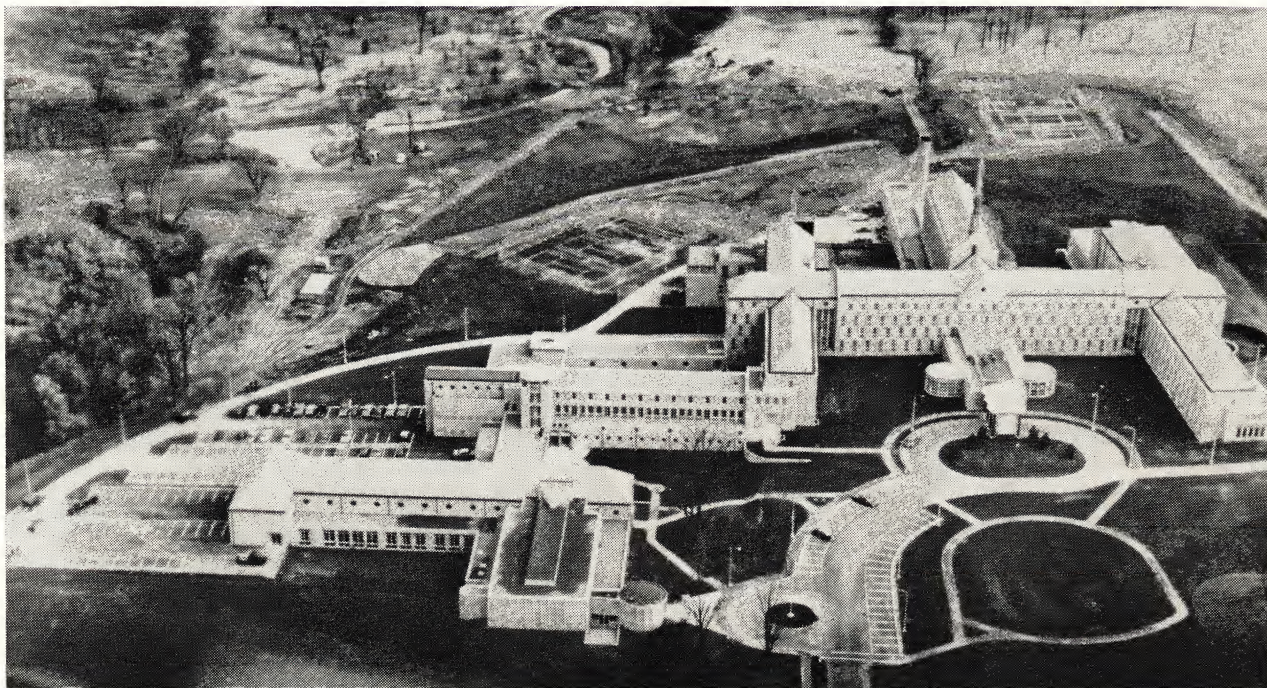
APRIL, 1961

ST. MICHAEL'S HOSPITAL  
ARCHIVES  
TORONTO  
No. 1

# NEWS



St. Michael's Hospital School of Nursing Alumnae  
TORONTO, CANADA



An aerial view of Morrow House, the new Mother House of the Sisters of St. Joseph, located at Bayview and Steeles Avenue, Toronto. It was opened on Monday, May 1st, 1961. The Nurses Alumnae of St. Michael's Hospital offer their sincere congratulations on this magnificent achievement.



## 30th BIENNIAL CONVENTION OF THE C.N.A.

It was indeed a privilege as well as a happy, wonderful experience to represent St. Michael's Hospital Nurses' Alumnae at the 30th Biennial Convention of C.N.A. The following is a brief informal report of the highlights of the Convention.

My passage was booked on the early morning plane Saturday, June 18th. Needless to say the nurses were in the majority on the plane. On arrival in Halifax the planes were met by the nurses and friends from Halifax to assist us in getting to our right hotels. Our accommodation was not all in the same hotel as due to the plasterers strike, the new wing of the N.S. Hotel was not completed. We were driven to our destination in buses and as we drove up in front of the Lord Nelson Hotel, the first two people we saw were Sister Angeline and Sister M. Reine. From then on each day it was a nice feeling to run into someone from "home".

Sunday was the day of Registration, getting programmes, tickets for various events then free time and the day concluding with a Catholic and Protestant Church Service. The Catholic Church Service was held at St. Mary's University followed by a reception given by the N.S. Catholic Nurses. Many provinces have Catholic Nurses Associations and this was explained at the reception by the vice-president of the Saskatchewan group—Father Danis spoke regarding other provinces forming Catholic Nurses' Associations as well as nurses giving time as lay apostolates.

As well as the church services on Sunday evening many hospitals across Canada held reunions of their graduates attending the convention. I might comment here that I think it would be a wonderful idea if St. Michael's Graduates attending the next convention in B.C., in two years, planned a get together.

A group of us had rented a car on Sunday afternoon and took advantage of a few free hours to see some of the country. For a few of us who had never been to N.S. before, all agreed Peggy's Cove, the fishing villages, and the ocean are things no one should miss.

The convention sessions were held in the Q.E.H.S. of Halifax. Starting Monday morning and throughout the week the bus drivers, policemen and Halifax people in general went out of their way to look after the nurses.

The convention opened with two student nurses playing bag-pipes and wearing the N.S. tartan, leading the platform dignitaries down the aisle. Miss Alice Girard, President, presided at the opening session. Most Rev. G. G. Barry, Archbishop of Halifax opened the convention with a prayer followed by the official opening address by Hon. R. L. Stanfield, Premier of N.S. Indeed there were several prominent people who spoke and one would be proud of the

nurses who need not take a back seat to anyone when speaking.

The keynote of the Convention was "Faith" or "Confiance" and it was on this theme that opening address was given by Rev. John Hardie of Pine Hill Divinity, Halifax.

The intermissions each day were spent at the exhibits. There were many free samples given out by the exhibitors. It was interesting to note that free "cokes" were given at one stand and the booth next to it gave a dixie cup of Metracal.

No doubt you have all read the paper accounts of the convention, some exaggerated, some very true. Each day sessions were held morning, afternoon and with one evening session.

I should like to repeat here that I don't think any nurse should take a back seat to anyone as a public speaker. The past-president, Miss Alice Girard, is an example of an outstanding nurse and woman. With her opening address she reviewed the events of the last two years and progress of nursing to date with Faith to continue in the future.

It was interesting to observe that, at all the sessions during addresses, panel discussions, and discussion from the floor, there were interpreters for the French speaking nurses. These nurses sat in groups at one side of the auditorium and listened with ear phones to the translation.

The voting delegates sat in a group in the front of the hall with ribbons to distinguish the different provinces.

Tuesday the sessions were entirely on the "Project on Evaluation of Schools of Nursing". The story of the time spent preparing to accreditate a school and the twenty-five schools across Canada in the project. As our school was chosen as one in the project we were very interested in the final report.

During the day Rev. Sr. Denise LeFebvre, and Miss Mussaillen gave reports while later there were buzz sessions of all the nurses on this topic. In the evening Dr. Helen Nalm—Planning for the Future in Nursing—and a summary report of the group discussions.

Wednesday morning the session started with a case Presentation by a Health Team consisting of a medical doctor, psychiatrist, physical therapist, head nurse, social worker, public health nurse. This group presented an actual case of "The patient returns to the community." After the presentation by the panel and the part each played in the rehabilitation of the patient and help with the family then there was open discussion about the case and total patient care today.

Wednesday afternoon was free and you will note at this point that I have not said anything about social life at the convention. I think this would be a good place to bring you up to date on social events.

The week in Halifax was by no means all work and no play. The N.S. Reg. Nurses Assoc. worked many months previous to June 1960 to plan entertainment for visiting nurses and resident. Under the direction of Miss Dorothy Gill there was no stone unturned to make it a most enjoyable week. The weather man was on our side and the nurses and people of Halifax went out of their way, taking time off to show us points of interest, waiting on our tables first in restaurants, stopping a bus, motorcycle or a car on the street to see if they could be of any assistance.

Monday afternoon between four and six o'clock the members of the C.N.A. were entertained by the City of Halifax at a Garden Party in the Halifax Public Gardens. The flowers were magnificent and the ponds and little bridges through the garden most attractive. This was another meeting place as many you did not see when registering you ran into here.

Most of the evenings were spent as get-togethers with nurses you had not seen for years or new friends taking you to places of interest. There are many historic spots in Halifax to visit.

Tuesday at noon there was an official luncheon at the Nova Scotian Hotel. Dr. Allan B. Morrison, N.S. Dept. of Education, gave a most interesting address on Education and Trends today.

Wednesday afternoon the free p.m. was spent on bus tours, shopping and approximately 300 nurses went on a Royal Canadian Navy Ship. The buses had a police escort with sirens and horns blowing to the waterfront. The day was climaxed with a Lobster Supper under the auspices of the Province of Nova Scotia.

Although there are still two more days that some hours were spent in social gathers, still the only other planned social event was the President's Reception. This was held Thursday evening at St. Patrick's High School. The new President, Miss Helen Carpenter was introduced and Roy and June Mavor of Australia gave a demonstration of Ballroom and Formation Dancing.

To conclude the business sessions of the Convention Thursday morning reports were read and all nurses present received a Folio of Reports. The delegates voted on the items requiring voting decisions. Fees for the C.N.A. were increased from \$2.00 to \$4.00 to form a committee for the evaluation of schools of nursing. A National S.N. Assoc. was vetoed as it was felt more discussion and thought is needed.

Hon. R. A. Donahoe, Minister of P.H. for N.S., spoke in the afternoon on "The Impact of Hospital Insurance on Patient Care". This was followed by a panel discussion on "Implication of Hospital Insurance Plans for Nursery".

Friday morning and the last day of the convention brought the Press Conference and a summary of general information of nursing activities in various provinces. Then followed the report of the scruti-

neers; the new executive, the resolutions passed. At this point it was good that the Q.E.H.S. had a good foundation as when it was announced that it had been unanimously voted to go ahead with the school of nursing accreditation the rafters resounded with the cheers. The French Nurses led by Miss Girard sang "Ell a Gagne Ses Epoulettes" followed by the English "For She's A Jolly Good Fellow." Once again a first at a convention singing.

The executive of the C.N.A. thanked various people responsible for the success of the convention. Finally honorary memberships were conferred on eight members. It was impressive with a student pinning a corsage on each.

Miss Edith Dick then spoke on the watchword "Faith". The new officers were installed and Miss Girard turned the chair over to Miss Helen Carpenter.

Before I conclude my diary you might say of my first attendance at the C.N.A. convention I should like to mention the student nurses who were present. Many schools of nursing sent a representative, other students were on holidays, others financed themselves to attend. They were well-mannered, bright happy girls, wearing traditional blazers or some other outward sign of what hospital, province or city they represented. The future nurses of Canada attended general sessions, had group discussions and private sessions of their own. They had their own social functions and I must say all eyes were on the students when they attended in uniform Wednesday. One student gave a report in French and one in English after one of their group discussions. The students could be proud of their poise, diction and report given.

This concludes the highlights of the convention week. I shall never forget the experience and feel confident that we have nothing to fear about the future nurses of Canada with the guidance and example of the nurses of the past and the fine nurses of the present who are your chosen leaders.

GWEN FERGUSON,  
President.

## THE NEWS

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Hospital School of Nursing, Toronto, Ontario

ALUMNAE NEWS EXECUTIVE

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# COMMUNICATIONS

While I was invoking my favourite saints in search “Know Thyself” with all thine antipathies, prejudices, reactions—but also thy strengths!

of words for an introduction to this topic, it occurred to me to see what my friend Daniel Webster had to say about the form of a symposium first of all. I found I had two alternatives, and I quote: (i) a drinking party (ii) a banquet, with music and singing and conversation. This wasn't much help! But at least it didn't paralyze me completely by beginning with “a group of experts who, etc., etc.” We don't presume to be experts in the science of communications, nor impeccable in the art of communications. If you have to respond “*mea culpa*” to anything we say this morning, know that we have had the same sentiment many times in the preparation of our papers.

First, what is this subject of communications, and is it worthwhile spending some time on?

Communications is the human transfer of information — it is the interchange of thoughts, ideas, opinions, and meanings — it involves the ability to transmit an idea with clarity and precision—in practice, it is keeping people informed, giving orders, receiving comments, all the ways of working with and through people.

Is it important? It is obvious that it is, and that its importance lies in the fact that hospitals have become such complicated organisms. If the whole organism, with its interdependent parts, is to function as a unit towards the accomplishments of its goal, there must be good communication among the various parts. At least one writer states outright that lack of adequate communications is the chief cause of most of the misunderstandings and strife that occur in hospitals. Communications has been called our most vital management tool, our most valuable public relations tool. In this latter sphere, even though we are not using any words we may be communicating all the same; that intangible something called ‘atmosphere’ in a hospital, communicated wordlessly by the cooperation among personnel, morale of staff at all levels, a team which functions as one, tells the public much about the relationship which exists among the various departments and the people in the departments, and as such is an instrument of public relations either for good or bad.

Writers in the field of communications describe four particular factors in the communicating process. Stripped of their scientific trappings, they emerge as 1. the sender of the communication, 2. the receiver, 3. the message, including the timing of the message, and 4. the method used to transmit the message. We will briefly consider each of these.

**THE SENDER:** A nationally recognized authority in this field emphasizes that we will be just as effective in dealing with others as we are accurate and secure in knowing ourselves; he puts this as step No. 1 in improving communications in any organization,

Most Christian writers stress that a fundamental to successful communications is a conviction of the worth of the person with whom communication is made. This point should not have to be laboured in a group such as this; it involves all the things which fall particularly under the virtues of charity and justice—patience, kindness, forbearance, forgiveness, respect, courtesy, and a host of related virtues.

Next, psychological considerations — recognize that each of our staff is sensitive to considerations of pride, achievement, desire for esteem, affection—that most resist being dominated. When these deep-rooted needs are met, a group is naturally happy and cooperative. Good communications does not imply agreement on every detail, but each must feel sure of the other's sincerity.

All the foregoing points have stressed thinking and observing—thinking about and observing oneself, thinking about and observing the other person. There must be a good deal of thinking too about the message we are communicating — logical thinking to distinguish between facts and opinions, creative thinking to arrive at solutions to problems. It takes thinking to give us a sense of direction that can be maintained under fire; to expect the unexpected and to be prepared for it.

**LISTENING:** I said the first factor is the sender, and the second factor the receiver. A consideration applicable to both these persons, and therefore interjected at this point, is that of listening. Listening is not a passive state—it is “thinking about what one hears”, implies activity. So on the part of both sender and receiver it requires that an honest effort be made to understand, to evaluate, and only then to respond. It means hearing the other person out, neither rejecting what she says entirely, nor simply receiving it without criticism—it means hard work. (Up to 70% of our time is spent in communicating—of which 9% is in writing, 16% in reading, 30% in talking and 45% in listening.)

**THE RECEIVER:** Our degree of success in communicating is the extent to which both sides understand the message. Therefore, when we speak we must use a language that the receiver can grasp—we have to tailor the message to suit the person with whom we would communicate. We can't ignore the other person's viewpoint, and approach the issue solely from our own. We have to get the feel of the other department, the other person. On her part, there must be goodwill—she must want to read the message, want to understand it, wish to conform to it. Though I don't want to sound like Dale Carnegie, it's well to point out what benefit will accrue to the recipient if she

accepts your message and follows a particular line of conduct—though this is not always possible.

**THE MESSAGE:** First, timing a message is important. It is wise to tell about long-range plans so that people will know why something happens. It is wise to prepare people for changes. It is considered good to tell people what they're going to find out anyway; the element of surprise is not deemed desirable in hospital communications. Timing is important in order that the persons most affected be told directly by the person responsible for whatever affects them—it's a matter of prestige and self-esteem. Timing a message is important too so that others may have time to make plans or to change existing plans; e.g. it is important that students be told early in the week if they are to have the following week-end off. It is considered best to give bad news early in the day or early in the week, good news late; in the matter of timing, also, the sender must consider the pressures and the overhead under which the receiver is already staggering.

**THE MESSAGE ITSELF:** will be going either vertically or horizontally. Vertical Communication may be downward or upward. In downward communications, it is a "must" that people be told precisely and clearly what are their duties, their authority, and their responsibilities. A basic principle of good management is the review of organizational pattern with new staff members to assure the new person of her status and her relationship to others. Nothing so weakens efficiency and morale as by-passing people in the line of communications. When we have given a message, it should be followed up, and what has been misinterpreted should be re-interpreted. We must make sure our own actions support our communications. Action should be taken on grievances which have been reported, or people told why no action can be taken. Balance and harmony must be maintained among conflicting demands. One writer comments that hospital government tends to be authoritarian, and that it must be so, but that generally downward communication is well-handled.

In vertical communications, it is said that "orders come down, and gripes come up"! What about this upward communications? It is important that people feel free to express their ideas and that they know their contributions are weighed and valued. The very fact that one can express her resentment to someone in authority and be treated with consideration may itself minimize the grievance. It is hard to determine where ordinary griping ends and destructive attack begins; but those at the top must learn to accept criticism, painful as it may be, weigh it objectively and act on it if it is valid. It seems important to have some sort of Suggestions Procedure and Grievance Procedure, for people at all levels. The Open-Door Policy on the part of the chief executive may create its own problems, since there may be a tendency to by-pass authority on a lower level; rather, it is suggested that we keep an open-mind policy.

As regards horizontal communication, groups can only work together effectively when each one knows the limit and extent of her authority and responsibility. There must be mutual trust among those on the same plane, as well as trust of the administrator if there is to be communication. Horizontal communication implies that all are on speaking terms—silence may be communication, but it is generally undesirable. Good horizontal communication implies that various groups are informed as to what each one has done, is going, or intends to do.

Lastly, **THE METHOD USED:** Methods used fall into two main groups, Oral Communication for simple subjects or small groups; Written Communication for complex or controversial subjects or large groups.

Oral Communication is quicker, and generally more effective. Face-to-face contact is generally to be preferred to telephone. Talk at the level of each person. Telephone manners are important, identifying yourself always; it shouldn't need to be mentioned that we never hang up on another! It is important to let people know how they are doing; important to reprimand constructively and privately, but praise publicly where possible.

Written Communication has the advantage of being permanent; it may be used to confirm what has been said, to define orders, standards, and objectives. It takes the forms of bulletin boards strategically located, letters, manuals, etc. Memos should be brief, factual, clear; they should always be dated and signed; they should be courteous and grammatically correct.

Committees are good in horizontal communications, for airing of views and testing of ideas. They aid in developing an institutional rather than merely a departmental interest. While statistics show that nurses are notoriously silent at group meetings, Committees that provide regular points of contact, showing adequate representation, and holding meetings that are open and sincere, are a good medium for communications. **IT MIGHT BE INTERESTING TO PIN-POINT SOME OF THE CHIEF BARRIERS TO COMMUNICATION:**

1. Lack of clear-cut definitions of policies, job descriptions—not knowing where one stands with administration.
2. Poor Listening Ability: we're the most talked at people in history; we are swamped with the spoken word, much of which is trivial, and we develop a habit of non-listening. (Men are considered better listeners than women, but doctors are found to be noticeably limited in their ability to listen!) Barriers such as indifference, boredom, lack of respect, prejudice, preoccupation all cut into our listening ability. Emotions, too, obscure the message so that we miss the details. We have all found at times that we're so intent on the person that we don't hear what they're saying. An employee, speaking of his boss, confessed, "It



only takes a quarter turn of the big wheel to set me spinning!" We all have a big wheel in our lives, and in turn we are the big wheel in someone else's life; This may be the reason why the patients neglects to tell her doctor about her pain, but mentions it to the nursing assistant twenty minutes after the doctor has left the floor!

Other barriers are poor reading ability and limited vocabulary; limited vision, i.e. not foreseeing what the consequences are of our failure to communicate properly. Then there are problems of status—fearing that the things I might want to tell will not be well received and might affect adversely my position, working conditions, and other such factors. Some writers list a "Good News Complex" as a barrier—meaning we hesitate to tell things which won't be pleasant to hear, and a whole host of misunderstandings crop up because of our procrastination. These are just some of the reasons in general for the communications process being a hazardous one. By way of conclusion, I wonder if it would be helpful to do a little self-survey to see how I stand in the communications network. Am I perhaps the bottleneck?

My attitude to authority—Do I know and consistently and fairly try to follow policies without external show of disapproval? Do I keep my immediate superior informed of what I'm doing, without monopolizing her time?

My attitude toward people—Do I use self-control in dealing with problems that arise? Give credit where due? Deal with all fairly? Let them know what I expect of them, or do they learn by the grapevine? Am I considerate of other people's time?

The messages I send—Are they brief, comprehensive, simple and accurate? Are they necessary and useful? or trivial? Do I confine myself to my own area of authority, or do I create confusion by giving directions which conflict with those issued by the one who has the right to issue them? Do I send my messages along the proper lines or do I by-pass people who have a right to know?

The messages I receive—Do I listen only to what I want to hear? Do I acknowledge them promptly and take action? How many memos have I stuffed in the top drawer lately, to read when I get a chance? Are grievances acted upon or allowed to die unanswered? How available am I for messages people might want to get through to me?

The meetings I attend—Am I a real live member, or do I go just because I must? Is my participation limited to raising my hand to signify I'm in favour of the motion to adjourn?

Don't you think that coming to grips with these and similar questions could be a start to improving communications in our group?

Presented by Sister Irene  
at an Instructors' Meeting

## JUNIOR ALUMNAE

### Congratulations to:



- Mr. and Mrs. R. Chowhan (Lois Trepanier) '55, St. Joseph's Hospital, Brantford, October 16, a daughter.
- Mr. and Mrs. C. Watson (Marguerite Murphy) '55, St. Michael's Hospital, October 27, a son.
- Dr. and Mrs. J. Evans (Lydia Burak) '50, St. Michael's Hospital, November 2, a son.
- Dr. and Mrs. P. G. Bolland (Margaret Garvey) '56, Oakville, November 1, a daughter.
- Mr. and Mrs. J. Foran (Dorothy Sauve) '53, St. Joseph's Hospital, November 3, a daughter.
- Mr. and Mrs. T. Annuziello (Carmen Marson) '52, St. Michael's Hospital, November 3, a son.
- Mr. and Mrs. D. Goudy (Margaret Brankin) '43, St. Michael's Hospital, November 8, a son.
- Mr. and Mrs. P. A. Sheedy (Elizabeth Berthon) '59, St. Michael's Hospital, November 11, a son.
- Mr. and Mrs. D. Lingeman (Margaret Varley) '52, St. Michael's Hospital, November 14, a daughter.
- Mr. and Mrs. R. T. Power (Marie Boucher) '52, St. Michael's Hospital, November 25, a son.
- Mr. and Mrs. T. J. Gaffney (Kathleen Pitman) '52, Montreal General Hospital, December 1, a daughter.
- Mr. and Mrs. M. E. Duffy (Christine Heenan) '52, St. Michael's Hospital, December 4, a son.
- Mr. and Mrs. E. G. Roy (Eleanor Sadlo) '57, St. Michael's Hospital, January 23, a daughter.
- Dr. and Mrs. T. J. Kane (Isabel Carey) '50, Fort William, December 22, a son.
- Dr. and Mrs. S. S. Sims (Laurine McNain) '58, St. Michael's Hospital, January 28, a son.
- Mr. and Mrs. R. T. Reid (Yvonne Sauve) '51, St. Joseph's Hospital, January 28, a daughter.
- Mr. and Mrs. J. Furlong (Marie Grady) '54, Kitchen-er and Waterloo Hospital, January 31, a son.
- Mr. and Mrs. R. Morin (Marilyn Shea) '58, St. Michael's Hospital, December 29, a son.
- Mr. and Mrs. Dumais (Josephine Hefferman) '44, Oshawa General Hospital, December 31, a son.
- Mr. and Mrs. Murray Frost (Anne Marie Trukan) '51, St. Michael's Hospital, December 27, a son.
- Mr. and Mrs. David Walks (Ann Howell) '55, St. Michael's Hospital, December 27, a son.
- Mr. and Mrs. Wm. Wingfelder (Anne Marie Wallace) '57, St. Michael's Hospital, December 28, a daughter.
- Mr. and Mrs. Gordon Oatway (Patricia Robertson) '50, January 4, a daughter.
- Mr. and Mrs. J. McVicar (Oneta Vandebelt) '54, St. Michael's Hospital, February 12, a son.

Mr. and Mrs. K. Mills (Louise Walker) '57, St. Michael's Hospital, February 11, a son.

Mr. and Mrs. L. J. Hadden (Ann O'Neil) '52, St. Michael's Hospital, January 3, a son.

Mr. and Mrs. W. G. Kraft (Loretto Groulx) '50, St. Michael's Hospital, January 8, a son.

Mr. and Mrs. B. Armstrong (Pauline Lambrick) '57, St. Michael's Hospital, February 8, a daughter.

Mr. and Mrs. P. Murphy (Deira Fitzgerald) '54, St. Michael's Hospital, February 12, a daughter.

Mr. and Mrs. P. Marshall (Pat Fitzsimmons) '50, February 1, a son.

Dr. and Mrs. T. Shoniker (Anne Dolan) '56, St. Michael's Hospital, February 15, a daughter.

Mr. and Mrs. Pollard (Mary Ann Burgess) '55, February 22, a daughter.

Mr. and Mrs. P. Suddick (Mary Walsh) '50, St. Michael's Hospital, February 27, a son.

Mr. and Mrs. L. Settle (Maureen Lahey) '55, Mercy Hospital, Gary, Indiana, March 11, a son.

Mr. and Mrs. F. Bannon (Catherine Damon) '43, Burlington Hospital, March 1, a daughter.

Mr. and Mrs. E. F. Wrin (Jane Pratt) '51, St. Michael's Hospital, March 21, a son.

Dr. and Mrs. W. A. Doyle (Anne Roche) '56, St. Michael's Hospital, March 23, a daughter.

Mr. and Mrs. P. R. Barry (Josephine Williams) '55, St. Michael's Hospital, March 27, a daughter.

Mr. and Mrs. G. W. Edwards (Sheila Attridge) '56, St. Michael's Hospital, March 28, a daughter.

Mr. and Mrs. W. Johnston (Elizabeth Mullin) '58, Sudbury General Hospital, February 4, a daughter.

Mr. and Mrs. P. C. Byberg (Rita Kingston) '50, St. Michael's Hospital, March 29th, a son.

Mr. and Mrs. E. J. Fortier (Joan Marie Morrissey) '58, St. Michael's Hospital, March 18, a son.

Mr. and Mrs. E. Beaune (Lillian Scallen) '57, St. Michael's Hospital, March 10, a daughter.

Mr. and Mrs. F. Arthur (Marguerite Lavallee) '55, St. Michael's Hospital, March 9, a son.

Mr. and Mrs. F. J. Battle (Barbara Charron) '53, St. Michael's Hospital, March 13, a son.

Mr. and Mrs. M. Walker (May McEown) '60, St. Joseph's Hospital, Hamilton, March 24, a daughter.

Mr. and Mrs. R. Tomensen (Joan Thompson) '54, St. Michael's Hospital, April 12, a daughter.

Mr. and Mrs. R. M. Boehler (Bunny Hill) '48, St. Michael's Hospital, April 11, a son.

Mr. and Mrs. E. J. Rankin (Joan Hope) '48, St. Michael's Hospital, April 12, a son.

Mr. and Mrs. G. J. Quinn (Theresa Arbour) '52, St. Michael's Hospital, April 12, a son.

Mr. and Mrs. J. F. Henrich (Judy Lang) '57, St. Michael's Hospital, April 7, a daughter.

Mr. and Mrs. J. T. Mathers (Mary LeMoine) '52, St. Michael's Hospital, April 18, a daughter.

Dr. and Mrs. Byrnes (Patricia Quinn) '58, St. Michael's Hospital, April 25, a daughter.

Mr. and Mrs. G. J. Genise (Neila MacNeil) '54, St. Michael's Hospital, April 27, a son.

Mr. and Mrs. E. Walke (Ann Cook) '45, St. Joseph's Hospital, April 25, a son.

Mr. and Mrs. A. T. White (Joan Lyriotakis) '58, St. Michael's Hospital May 2, a son.



# W E D D I N G S

KILPATRICK-SLAT — Barbara Slat '59 to T. B. Kilpatrick, St. Mary of the Assumption, Huntsville, November 12.

THIBAUT-HUTCHISON — Betty Lou Hutchison '59 to H. A. Thibault, Blessed Sacrament Church, October 29.

GUOLLA-SPREITZER — Lillian Spreitzer '60 to Raymond Guolla, St. Michael's Cathedral, November 12.

PRIMEAU-WALSH—Anne Walsh '55 to William Primeau, St. Gregory's Church, St. Catharines, November 26.

SCULLY-PORTER — Barbara Ann Porter '60 to Robert A. Scully, Pro Cathedral 'Assumption, North Bay, November 26.

HENDRICKS-BANNING—Maureen Banning '60 to Leonard J. Hendricks, Our Lady of Peace, December 31.

KELLY-DENOMY—Shirley Denomy '53 to Charles E. Kelly, Holy Rosary, January 14.

NEWALL-LUKASHALL—Eva Lukashall '55 to Douglas P. Newall, Holy Angels, Brighton, Ontario, January 28.

SHANNON-ENGLISH—Marie English '59 to John J. Shannon, Our Lady of Mount Carmel, Hastings, August 13.

VASKO-SHEEHAN — Patricia Sheehan '56 to Michael Vasko, St. Mary's Assumption, St. Catharines, August 13.

MARCELLO-MELDAZY—Patricia Meldazy '60 to Melvin M. Marcello, October 1, St. Margaret's Church.

McCARTHY-McMANUS—Kathleen McManus '55 to Robert McCarthy, Holy Rosary Church, December 31.



ERICHSON-MACKENZIE—Eileen MacKenzie '59 to David W. Erichson, Little Brown Church in the Valley, Santa Monica, California, February 10.

SHEA-TANNEY—Margaret Tanney '44 to Thos. J. Shea, St. Columbkilles Cathedral, Pembroke, February 11.

GILBERT-BALFE—Rita Balfe '57 to Norman J. Gilbert, Blessed Sacrament Church, Lombardy, Ontario, September 10th.

CANNING-LANG — Edna Lang '61 to Basil L. Canning, St. Ann's Church, April 8.

CARVILL-FERGUSON — Gwen Ferguson '42 to John Carvill, Our Lady of Sorrows, May 20.

PATERSON-CLARKE — Melinda Clarke '60 to Hugh H. Paterson, St. Bonaventure's, May 20.



News

Notes

There is great rejoicing in Kath (Darragh) Irwin's '32 home. Her daughter Betty Lou Pitura will be taking up residence in Chatham, Ontario soon. Welcome back to Ontario from Manitoba Betty Lou.

Irene Nealon '33 visited Betty K. Webster '33 while in New York at Easter.

We sincerely hope Dr. Lucille Bond, who interned at S.M.H. is recovering satisfactorily from her serious motor accident.

### 1950 CLASS REUNION

The Reunion was held on Sunday, November 6, 1961 at the Lord Simcoe Hotel, Toronto. The girls met in the Rose Room at 4 p.m., 22 in all, 17 from Toronto and 5 from out of town. Several brought along pictures of training days and these were pinned up to a bulletin board, with appropriate captions. On another board pictures of offsprings were placed and the girls were invited to guess who belonged to whom. (very little success)

On one of the supper tables letters were placed from classmates contacted and who were unable to attend, among these was a lovely note from Bill May's husband, in which he thanked the girls for the High Mass offered.

As each nurse arrived she was greeted by joyful

shrieks from the others and when the entire gang had gathered everyone settled to a steady hum of conversation. All looked well and assured one another that no one had changed a bit (blithely ignoring grey hairs, few more wrinkles and some a little extra poundage.)

Between 5:30 and 6 the girls were summoned to a delicious dinner in the "Bronze Room" and sat in groups of 7 at a table, reminding us of the old days in the nurses' lunch room. From all around snatches of conversation ranging from technical discussions to "Do you remember?" were heard. Marj Hannan welcomed us and read a message of congratulations from Sr. Mary Kathleen and a welcome message from Sr. Irene. The girls were asked to remember Billy in their masses and prayers.

"Farewells" were said about 9 p.m. and all wondered why we didn't do this sort of thing more often but definitely planning to meet again in 1965.

The Class of 1950 greatly appreciated and wish to thank Miss Grace Murphy for her help in obtaining the addresses of the members, which made it possible to contact many.

### Major Flora M. Brohman

Major Brohman, a 1932 graduate of St. Michael's Hospital Training School, is retiring this spring from the army after 21 years of service. A Principal Matron of the Royal Canadian Army Medical Corps, Major Brohman is at present stationed at Kingston, Ont.

At the outbreak of the Second World War, Flora was commissioned as an army nursing sister in 1940. She went overseas early in 1942 to serve in the United Kingdom and Italy. Since the war, she has served in various Canadian military hospitals. In 1953-54 was Matron of Canadian Army Nursing Sisters in Japan and Korea. Before her present appointment she did a tour of duty with No. 1 Canadian Base Medical Unit in Germany.

Our congratulations to Flora on a job well done and best wishes for future years.

### TO THE EDITOR

Mrs. Mildred Enright, Education Supervisor for the St. Elizabeth Visiting Nurses' Association, died suddenly during Mass at St. Michael's Cathedral on Thursday, April 13.

Mrs. Enright, a graduate of Loretto Abbey, and the Royal Victoria Hospital in Montreal, joined the staff of the St. Elizabeth Visiting Nurses' Association

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in 1936 as one of their first public health nurses. In recent years, following further studies in public health administration at the University of Toronto, she assumed responsibilities of nursing education for this agency and it is in this capacity that her greatest contribution has been made in the field of public nursing. She was the widow of Dr. James Enright, and is survived by her sons: Rev. James Enright of the Basilian community in Detroit, William, Robert and Dr. Thomas Enright, all of Toronto, and a sister, Miss Helen Clear, Reg.N. Solemn funeral mass in Holy Rosary Church was celebrated by her son, Fr. Enright, on Monday, April 17th. Interment was in Ingersoll, Ontario.

From:

Anne Marie Quigley, Director,  
St. Elizabeth Visiting Nurses  
Association.

### ARE YOU ?

Are you an active member,  
The kind that would be missed  
Or are you just contented  
That your name is on the list?  
Do you attend the meeting  
And mingle with the flock,  
Or do you stay at home  
And criticize and knock?  
Do you take an active part  
To help the work along,  
Or are you satisfied to be  
The kind that just belong?  
Do you ever voluntarily,  
Help at the guiding stick,  
Or leave the work to just a few  
And talk about the "clique"?  
Come to meetings often  
And help with hand and heart,  
Don't be just a member—  
But take an active part!  
Think this over member,  
You know right from wrong,  
Are you an active member,  
Or do you "Just Belong!"?

### ATTENTION GRADUATES OF 1936

Plans are being made to celebrate our  
25th ANNIVERSARY  
We will have a Re-Union the weekend of  
**OCTOBER 14-15, 1961**  
We hope to be contacting each one of you

### ATTENTION CLASS '32

Plans are being made for our Reunion Dinner to be held in May 1962. I would like to hear from all those who are interested and would you please pass the word on to any member you think may not see this notice. Please send your name and address to:—

Laura Larkin  
188 Douglas Avenue  
Toronto 12, Ontario

### REMORSE

From Catherine Tighe Culnan, a true story while  
supervising Obs.

My Lord, My Lord have pity on me  
And her hand clutched tight, her nails sank in  
Her pillow was wet with sweat and tears  
As she paid in part for her sin.

When she should rest when the anguish would end  
Her sobs kept on till it started again  
All through the night till break of dawn  
Her hopeless cries kept on and on.

There was no one out side standing by  
With an anxious ear for a baby's cry  
The doctor and nurse with professional grace  
Said to each other it's a prolonged case.

Dear God, is there no one to do something for me  
The room grew dark, she could hardly see  
Then someone spoke softly into her ear  
Take a good deep breath, then she couldn't hear

She was falling low in a valley deep  
And crying in deep despair  
Her tears were falling on her Saviour's feet  
And she was wiping them dry with her hair.

She raised her eyes to His kindly face  
She saw an open door  
Then she heard a voice so low and sweet say  
Go child and sin no more.

Outside the door there were voices  
And she heard some one say  
The infant will not survive nurse  
We'll baptize it right away.

The little saint returned to God  
Far from earthly slights and jeers  
But remorse and regret in the mother's heart  
Will linger through all the years.

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— Fednews, Toronto

**OUR GRADUATE AND HER FAMILY****MONICA WALL BOYLE '42  
Her Husband and Children**

From top, left to right:  
Twins Leonard and Mary,  
Teresa, Brian, Jimmy  
Twins Gerry and John

**ATTENTION**

Next Alumnae Meeting

**Tuesday, June 13th, 8 p.m.**

Auditorium, North Residence

**OUR  
SYMPATHY TO:**

Sister Jane Frances on the death of her brother, Edward Hinchey in San Francisco.  
Sister Amata on the death of her sister.  
Joan Prescott '48 on the death of her father.  
Doris Mann '31 on the death of her mother.  
Alice Bidwell Symons '35 on the death of her father.



Jean George Harrington '33 on the death of her husband.  
 Jeanette Schuck Gardner '53 on the death of her father.  
 Mary Van Praagh '38 on the death of her brother.  
 Ann Bowie Hayes '17 on the death of her brother.  
 Agnes Healy Both '50 on the death of her mother.  
 Theresa Venne '59 on the death of her grandfather.  
 Kathleen O'Hearn Tench '31 and Bonnie O'Hearn '33 on the death of their mother and sister.  
 Margaret Lee Rossiter '35 and Claire Lee Dauffenbark '44 on the death of their mother.  
 Margaret Copeland Sheridan '28 on the death of her husband.  
 Marion Doherty Mazza '44 on the death of her mother.  
 Irene Semnett '30 on the death of her sister.  
 Mary O'Mara Finnemore '41 on the death of her sister.  
 Kathleen Stinson '60 on the death of her father.  
 Joan Miron '46 on the death of her mother.  
 Maragret Jackman Pippy '43 on the death of her father.  
 Alvira Mulvihill Burkdhart '31 on the death of her husband.  
 Mary Martin '57 on the death of her father.  
 Eileen Ryan Berthlotte '25 on the death of her brother.  
 Rosella Lee Harding '36 on the death of her son.  
 Winnifred Pearce Conaghey '32 on the death of her mother.  
 Family of the late Margaret Granton '30 on the death of Mr. Granton.  
 Agnes Cronin '26 and Claire Cronin McAuliffe '30 on the death of their brother.  
 Dorothy Hall Greer '32 on the death of her sister.  
 Susanne Hulse Whan '58 on the death of her father.  
 Frances Coates Grell '47 on the death of her father.  
 Ruth Barlow McCullough '46 on the death of her father.  
 Maureen Roche Epping '41 and Mary Roche Quinlan '43 on the death of their father.  
 Bride McKee '59 on the death of her father.  
 Rose Davies Smythe '46 on the death of her husband.  
 Grace Hiland Armstrong '27 on the death of her husband.  
 Willa Comrie Vanstone '30 on the death of her husband.  
 Alma Burke Budecky '54 and Denise Burke '56 on the death of their father.  
 Mary Patterson '59 on the death of her father.  
 Dolores Brunelle Borch '55 and Claudette Brunelle '60 on the death of their father.  
 Sister Mary, Good Counsel and Ethel Fitzgerald Corcoran '26 on the death of their sister.  
 Velma Marchand Mills '28 and Alpha Marchand LeMay '34 on the death of their mother.

Alma Mahoney Golden '29 on the death of her husband.  
 Helen Taylor '52 on the death of her father.  
 Veronica Hoffman Barron '43 on the death of her son.  
 Wanda Rychlicki '54 on the death of her mother.



## IN MEMORIAM

### **Mrs. Maud Reilly**

St. Michael's Hospital Nurses' Residence was saddened on October 26th by the news of Mrs. Reilly's sudden death.

Mrs. Reilly had been the afternoon receptionist at the Main Residence for 17 years. During those years she had seen many students 'come and go.' To all she had been a friend and helper. A number of the students acted as a guard of honor at the funeral mass which was held at St. Leo's in Mimico.

†

**Marie O'Brien Cruickshank** died in Weston on January 22nd. She was born and educated in London and was graduated from St. Michael's Hospital School of Nursing in 1924.

Following her marriage she lived in Weston where she spent a very active social and professional life. She had worked on the original plans for the Medical Building, staffed by her entire family. Her husband, Dr. F. D. Cruickshank, her daughter, Dr. Jane Cruickshank McMillan, her sons, Dr. D. A. Cruickshank and Mr. J. D. Cruickshank. She was also a member of the Auxiliary of the Humberside Memorial Hospital.

To Mary Cruickshank's family our sincere sympathy.

†

**Julia O'Connor**, daughter of James and Mary O'Connor was born in Sherbrooke, Que. She graduated from S.M.H. in 1908. For many years was supervisor of the operating room, in charge of the student nurses, president of the Alumnae. Julia was an outstanding nurse and contributed much to the nursing profession in many fields.

Funeral Mass was celebrated April 15th at Our Lady of Assumption Church.

To her nephews T. P. and Frank O'Connor the Alumnae extends its deepest sympathy.



**Louise Quinlan** died suddenly at St. Michael's Hospital on March 15.

Louise was born in Peterborough. She was graduated from St. Michael's Hospital, School of Nursing in 1921.

Her professional life was spent in private duty in Toronto.

For Louise, a remembrance in our prayers and to her relatives our sincere sympathy.



**Helen Kirk**, a graduate of St. Michael's Hospital in 1943, died in St. Paul, Minnesota, on September 12. Helen was born and spent her early years in Winnipeg. Most of her professional life was spent in the United States with some time in the American army.

Helen is survived by her mother to whom we extend our sincere sympathy.



**Lena Charpentier O'Connell**, a graduate of St. Michael's School of Nursing in 1924 died in Toronto on April 28. Lena was born in Sutton and spent her professional life in private duty nursing. To her son and daughter, our sincere sympathy and for Lena a remembrance in our prayers.

**Francis Benevente** died suddenly at St. Michael's Hospital on January 5th.

'Frank' as he was familiarly known had been with the hospital for 20 years and for 15 years the chief engineer.

The following from the Canadian Hospital pays him tribute:

"Mr. Benevente was a founding member and chairman of the Ontario Hospital Association's engineering section. When the group held its inaugural meeting in 1959, the members under the leadership of Mr. Benevente, promptly started to plan an educational program which would stimulate new thinking on the part of hospital engineers. Within six months an excellent workshop and institute was held and a second one is scheduled. This group has lost an esteemed colleague and a trusted leader."

Our sincere sympathy to Frank's family.



**Suzanne Crowley** died in Peterborough on April 17. She was born and educated in Peterborough and was graduated from St. Michael's Hospital, School of Nursing in 1909.

Her professional life was spent in private duty nursing.

Prayers for a fellow Alumnae member and sincere sympathy to her sister.

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